

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # M07000007399

1. Entity Name

CARRABELLE HEALTH INVESTORS, LLC



Principal Place of Business

4423 PHEASANT RIDGE RD
STE 301
ROANOKE, VA 24014

Mailing Address

4423 PHEASANT RIDGE RD
STE 301
ROANOKE, VA 24014



03312008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0833059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR
341 VENICE AVE WEST
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000906826
05/05/08-80013-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, JAMES R
STREET ADDRESS	4423 PHEASANT RIDGE RD - STE 301
CITY - ST - ZIP	ROANOKE, VA 24014
TITLE	MGR
NAME	PIETRZAK, JAMES R
STREET ADDRESS	4423 PHEASANT RIDGE RD - STE 301
CITY - ST - ZIP	ROANOKE, VA 24014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/08

Date

Daytime Phone #